



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

John W. Oxendine, Commissioner

Agents Licensing Section
2 MLK, JR. DR., 908 WEST TOWER, FLOYD BLDG. ATLANTA, GA 30334
WWW.GAINSURANCE.ORG

**FORM
GID 103**

Rev. 02/08

Resident Insurance License Application

I. _____ LICENSE _____ NEW TEMPORARY LICENSE

_____ TEMPORARY LICENSE RENEWAL _____ REINSTATEMENT

II. TYPE OF LICENSE

CLASS (ES) OF INSURANCE

_____ AGENT	_____ LIFE, ACCIDENT & SICKNESS	_____ PROPERTY AND CASUALTY
_____ ADJUSTER	_____ LIFE	_____ PROPERTY
_____ COUNSELOR	_____ ACCIDENT & SICKNESS	_____ CASUALTY
_____ CROP HAIL ADJUSTER	_____ CREDIT	_____ PERSONAL LINES
_____ FRATERNAL AGENT	_____ VARIABLE PRODUCTS	_____ TITLE
_____ LIMITED SUBAGENT	_____ TRAVEL TICKET	_____ WORKERS COMPENSATION (FOR DJUSTER)
_____ PUBLIC ADJUSTER	_____ TRAVEL ACCIDENT & SICKNESS	_____ OTHER _____
_____ SURPLUS LINES BROKER		
_____ WORKERS COMPENSATION ADJUSTER		

1.

IF APPLYING FOR AGENT/FRATERNAL AGENT LICENSE: NAME OF SPONSORING INSURANCE COMPANY and NAIC COMPANY CODE

2.

IF APPLYING FOR TEMPORARY LICENSE: NAME AND LICENSE NUMBER OF SUPERVISING AGENT

3.

IF APPLYING FOR LIMITED SUBAGENT LICENSE: NAME AND LICENSE NUMBER OF SPONSORING AGENT

4. FULL LEGAL NAME _____
(FIRST) (MIDDLE) (LAST) (SUFFIX)

5. SOCIAL SECURITY NUMBER: _____ 6. DATE OF BIRTH: _____ 7. SEX: _____

8. RESIDENCE ADDRESS (PHYSICAL LOCATION): _____
(STREET AND NUMBER REQUIRED) (CITY)

(STATE) (ZIP) (COUNTY) (HOME TELEPHONE)

9. RESIDENCE MAILING ADDRESS (IF **OTHER** THAN 8) _____
(INCLUDE P.O.BOX, RR #, CITY, STATE, ZIP CODE AND COUNTY)

10. BUSINESS ADDRESS (PHYSICAL LOCATION): _____
(BUSINESS NAME) (SUITE NUMBER) (STREET AND NUMBER)

(CITY) (STATE) (ZIP) (COUNTY) (BUSINESS TELEPHONE)

11. BUSINESS MAILING ADDRESS _____
(IF **OTHER THAN 10**) (INCLUDE P.O.BOX, BUSINESS NAME, STREET, CITY, STATE, ZIP CODE AND COUNTY)
12. FAX NUMBER _____ EMAIL _____
13. DOES ANY INSURER OR GENERAL AGENT CLAIM THAT YOU ARE INDEBTED OR HAD AN AGENCY CONTRACT CANCELED FOR INDEBTEDNESS?
_____ YES _____ NO **IF YES, ATTACH A LETTER FROM THE INSURER/AGENT TO WHOM YOU ARE INDEBTED GIVING FULL DETAILS.**
14. HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU CURRENTLY CHARGED WITH A FELONY?
_____ YES _____ NO **IF YES, ATTACH CERTIFIED COPIES OF ALL PLEA AGREEMENTS AND COURT ORDERS.**
15. HAVE YOU BEEN CONVICTED OF OR ARE YOU CURRENTLY CHARGED WITH THE COMMISSION OF ANY CRIME OR PLED NOLO CONTENDERE IN A CRIMINAL PROCEEDING OR HAVE YOU RECEIVED FIRST OFFENDER TREATMENT OR HAD ADJUDICATION OF GUILT WITHHELD IN A CRIMINAL PROCEEDING, OTHER THAN A MINOR TRAFFIC OFFENSE?
_____ YES _____ NO **IF YES, ATTACH A SUPPLEMENT GIVING FULL DETAILS AND ATTACH CERTIFIED COPIES OF PLEA AGREEMENTS AND ALL COURT ORDERS.**
16. HAVE YOU EVER BEEN REFUSED OR HAD SUSPENDED OR REVOKED AN INSURANCE LICENSE IN ANY STATE?
_____ YES _____ NO **IF YES, ATTACH SUPPLEMENT GIVING FULL DETAILS AND ATTACH CERTIFIED COPIES OF ALL ORDERS.**
17. HAVE YOU EVER HAD ANY OTHER ADMINISTRATIVE ACTION INSTITUTED AGAINST YOU BY THE INSURANCE REGULATORY AUTHORITY OF ANY STATE?
_____ YES _____ NO **IF YES, ATTACH SUPPLEMENT GIVING FULL DETAILS AND ATTACH CERTIFIED COPIES OF ALL ORDERS.**
18. HAVE YOU EVER:
- HAD ANY LICENSE, PERMIT, AUTHORIZATION, REGISTRATION, OR PRIVILEGE DENIED, REFUSED, REVOKED, SUSPENDED, LIMITED, WITHDRAWN, OR RESTRICTED
_____ YES _____ NO
 - HAD ANY OTHER DISCIPLINARY ACTION TAKEN AGAINST YOU
_____ YES _____ NO
 - HAD THE RENEWAL OF ANY LICENSE, PERMIT, AUTHORIZATION, REGISTRATION, OR PRIVILEGE REFUSED BY ANY AUTHORITY PURSUANT TO A DISCIPLINARY PROCEEDING OTHER THAN THAT OF THE INSURANCE COMMISSIONER
_____ YES _____ NO
 - FAILED TO NOTIFY THE INSURANCE COMMISSIONER IN WRITING WITHIN SIXTY DAYS OF THE OCCURRENCE OF ANY EVENT LISTED ABOVE.
_____ YES _____ NO
- IF YES TO ANY OF THE ABOVE, ATTACH SUPPLEMENT GIVING FULL DETAILS AND ATTACH CERTIFIED COPIES OF ALL ORDERS.**
19. HAVE YOU EVER WITHDRAWN AN APPLICATION FOR ANY BUSINESS OR PROFESSIONAL LICENSE GRANTED BY ANY LICENSING AUTHORITY?
_____ YES _____ NO **IF YES, ATTACH SUPPLEMENT INDICATING THE TYPE OF LICENSE, REASON FOR WITHDRAWAL AND THE LICENSING AUTHORITY.**
20. DO YOU OR WILL YOU MAINTAIN AN OFFICE AS AN INSURANCE AGENT, ADJUSTER, COUNSELOR, LIMITED SUBAGENT OR SURPLUS LINES BROKER IN THIS STATE?
_____ YES _____ NO
21. HAVE YOU EVER HELD AN INSURANCE LICENSE ISSUED BY THIS DEPARTMENT?
_____ YES _____ NO **IF YES, LIST LICENSE TYPE, NUMBER AND LAST YEAR LICENSED _____.**
22. HAVE YOU HELD AN INSURANCE LICENSE OF ANY TYPE IN ANY OTHER STATE WITHIN THE LAST 5 YEARS?
_____ YES _____ NO **IF YES, YOU MUST ATTACH AN ORIGINAL CLEARANCE LETTER FROM PRIOR STATE DATED WITHIN 90 DAYS.**
23. ARE YOU A CITIZEN OF THE UNITED STATES? _____ Yes _____ No (If No, of which country are you a citizen?) _____
(If No, you must supply work authorization.)

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID 103, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION.

NOTARY
(SEAL & SIGNATURE REQUIRED)

SIGNATURE OF APPLICANT _____ DATE _____ THIS _____ DAY OF _____ 2 _____
NOTARY PUBLIC SIGNATURE _____
MY COMMISSION EXPIRES _____

SPONSOR'S CERTIFICATE
(NOT REQUIRED IF APPLYING FOR LICENSE AS AN ADJUSTER, COUNSELOR OR SURPLUS LINES BROKER)
I HAVE READ THE QUESTIONS AND ANSWERS GIVEN BY THIS APPLICANT HEREIN, AND HAVE MADE A DILIGENT INQUIRY AND INVESTIGATION RELATIVE TO THIS APPLICANT'S CHARACTER, INCLUDING CRIMINAL BACKGROUND, IDENTITY, RESIDENCE, EXPERIENCE AND INSTRUCTION AS TO THE KINDS OF INSURANCE TO BE TRANSACTED. THE FINDINGS OF SAID INQUIRY AND INVESTIGATION ENABLE ME TO CERTIFY AS FOLLOWS: (1) SAID ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; (2) I AM SATISFIED THAT THE APPLICANT IS TRUSTWORTHY AND QUALIFIED TO ACT AS OUR AGENT OR LIMITED SUBAGENT AND TO HOLD HIMSELF OR HERSELF IN GOOD FAITH TO GENERAL PUBLIC AS SUCH AGENT OR LIMITED SUBAGENT; (3) WE DESIRE THAT THE APPLICANT BE LICENSE AS INDICATED TO REPRESENT US IN THE STATE OF GEORGIA.

NAME OF INSURANCE COMPANY IF APPLYING FOR AGENT LICENSE OR SPONSORING AGENT IF APPLYING FOR LIMITED SUBAGENT LICENSE _____
PRINT NAME AND TITLE OF COMPANY OFFICIAL FOR AGENT LICENSE OR NAME OF SPONSORING AGENT FOR LIMITED SUBAGENT _____
SIGNATURE OF COMPANY OFFICIAL FOR AGENT LICENSE OR SPONSORING AGENT FOR LIMITED SUBAGENT LICENSE _____

IF APPLYING FOR VARIABLE PRODUCTS – A CURRENT U-4 /WEB CRD STATUS REPORT SHOWING NASD SERIES 6 OR 7 APPROVED REGISTRATIONS MUST BE SUBMITTED WITH THIS APPLICATION.

IF APPLYING AS A COUNSELOR, PUBLIC ADUSTER OR SURPLUS LINES BROKER, APPROPRIATE BOND MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.

IF APPLYING FOR A COUNSELOR LICENSE, MUST ATTACH SUPPLEMENT SHOWING EVIDENCE OF 5 YEARS EXPERIENCE AS AN AGENT, SUBAGENT OR ADJUSTER OR IN SOME OTHER PHASE OF THE INSURANCE BUSINESS OR SUFFICIENT TEACHING EXPERIENCE OR EDUCATIONAL QUALIFICATIONS.

FEE FOR AGENTS LICENSE FOR ONE CLASS/MAJOR LINE OF INSURANCE: \$75 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$10 CERTIFICATE OF AUTHORITY FEE) PLEASE NOTE THE FEE FOR AN AGENT LICENSE IS BASED ON CLASSES OF INSURANCE AND LICENSES REQUESTED.

FEE FOR LIMITED SUBAGENT LICENSE \$70 TOTAL (\$50 LICENSE, \$15 APPLICATION, \$5 SUBAGENT CERTIFICATE OF AUTHORITY)

FEE FOR ADJUSTER AND COUNSELOR LICENSES \$65 TOTAL (INCLUDES \$50 LICENSE, \$15 APP. FEE)

FEE FOR SURPLUS LINES BROKER LICENSE \$315 TOTAL (INCLUDES \$300 LICENSE FEE, \$15 APPLICATION FEE)

MAKE CHECKS OR MONEY ORDERS PAYABLE TO GEORGIA INSURANCE DEPARTMENT.

PLEASE LIST (BELOW) THE ADDRESS APPLICATION IS TO BE RETURNED TO IN THE EVENT ADDITIONAL INFORMATION IS REQUIRED:

